EEA

990

Department of the Treasury Internal Revenue Service

For the 2020 calendar year, or tax year beginning

Form

Α

Signature of officer Here GAYLEN GEORGE, TREASURER Type or print name a Print/Type preparer's name Paid Kyle Mercer, Preparer Firm's name Use Only

	Buffalo WY 82834	3
May the IRS of	liscuss this return with the preparer shown above? (see instructions)	
For Paperwo	rk Reduction Act Notice, see the separate instructions.	

Firm's address

nd title					
e	Preparer's signature	Date		Check if	PTIN
CPA	Kyle Mercer, CPA	02-11-2022		self-employed	P00854625
Cloud Pe	ak Accounting		Firm's	EIN 🕨	
293 S Main Street Phone no.					
Buffalo	WY 82834			307-	684-5519
h the preparer sho	wn above? (see instructions)				X Yes [
otice, see the sep	arate instructions.				Form 990

B c	heck if a	applicable: C Name of organizationUNITED WAY OF SOUTHWEST WYOMING				oyer identification number		
Δ Α	ddress	change Doing business as				83-0233314		
N N	ame ch	ange	ge Number and street (or P.O. box if mail is not delivered to street address) Room/suite			hone number		
l Ir	iitial retu	eturn 510 SOUTH MAIN STREET				(307)362-5003		
F	inal retu	urn/terminated	City or town, state or province, country, and ZIP or foreign postal code		G Gross	s receipts		
Δ Α	mendeo	d return	ROCK SPRINGS, WY 82901		\$	1,361,063		
	pplicatio	on pending	F Name and address of principal officer:	H(a) Is this a	group return	for subordinates? Yes X No		
_				H(b) Are all	subordinate	es included?		
I T	ax-exen	npt status: 🗴 501	(c)(3) 501(c) ()	If "No,"	attach a lis	st. See instructions		
JV	/ebsite:		VUNITEDWAY.ORG	H(c) Group	exemption	number 🕨		
K F	orm of o	organization: 🗴 Cor	poration Trust Association Other K L Year of formation	1976 M	State of leg	al domicile: WY		
Pa	tl	Summary						
	1	Briefly describe t	he organization's mission or most significant activities: UNITING PEOPL	E, SHARING	RESOUR	RCES, AND		
~		IMPROVING I	IVES IN SOUTHWEST WYOMING. WE ARE WORKING TO ADVA					
Activities & Governance		ON EDUCATIO	N, HEALTH AND BASIC NEEDS. OUR GOAL IS TO CREATE	LONG LASTIN	G CHAN	IGES THAT PREVENT		
rna		PROBLEMS FR	OM HAPPENING.					
ove	2	Check this box	I if the organization discontinued its operations or disposed of more than 25	% of its net assets	i.			
ŭ	3	Number of voting	members of the governing body (Part VI, line 1a)		. 3	9		
ŝ	4	Number of indep	endent voting members of the governing body (Part VI, line 1b)		. 4	9		
/itie	5	Total number of i	ndividuals employed in calendar year 2020 (Part V, line 2a)		. 5	2		
cti	6	Total number of v	volunteers (estimate if necessary)		. 6	448		
∢	7a	Total unrelated b	usiness revenue from Part VIII, column (C), line 12		. 7a	0		
	b	Net unrelated bu	siness taxable income from Form 990-T, Part I, line 11		. 7b	0		
				Prior Year		Current Year		
	8	Contributions and	d grants (Part VIII, line 1h)	1,124	,989	1,114,086		
anı	9	Program service	revenue (Part VIII, line 2g)	13	,483	7,110		
Revenue	10	Investment incor	ne (Part VIII, column (A), lines 3, 4, and 7d)	77	,007	72,583		
Re	11	Other revenue (F	Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9	,762	0		
	12	Total revenue - a	dd lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,225	,241	1,193,779		
	13	Grants and simila	ar amounts paid (Part IX, column (A), lines 1-3)	680	,494	584,070		
	14	Benefits paid to o	or for members (Part IX, column (A), line 4)			0		
s	15	Salaries, other co	ompensation, employee benefits (Part IX, column (A), lines 5-10)	156	,616	149,954		
ISe	16a	Professional fund	draising fees (Part IX, column (A), line 11e)			0		
Expenses	b	 Total fundraising 	expenses (Part IX, column (D), line 25) 104,731					
ŭ	17	Other expenses	(Part IX, column (A), lines 11a-11d, 11f-24e)	154	,246	150,657		
	18	Total expenses.	Add lines 13-17 (must equal Part IX, column (A), line 25)	991	,356	884,681		
	19	Revenue less ex	penses. Subtract line 18 from line 12	233	,885	309,098		
or Ces				Beginning of Curr	ent Year	End of Year		
Net Assets or Fund Balances	20	Total assets (Par	t X, line 16)	2,752	,933	3,442,498		
f As nd B	21	Total liabilities (P	art X, line 26) • • • • • • • • • • • • • • • • • • •	493	,962	465,759		
			d balances. Subtract line 21 from line 20	2,258	,971	2,976,739		
Pa		Signature						
			hat I have examined this return, including accompanying schedules and statements, and to the best of i ion of preparer (other than officer) is based on all information of which preparer has any knowledge.	my knowledge and beli	et, it is			
,			· · · · · · · · · · · · · · · · · · ·					
Si ~-	•	GAYLEN						
Sig		Signature of o	ificer		Dat	te		

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) **b** Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

07-01

, 2020, and ending

OMB No. 1545-0047

2020	
2020	

Open to Public

Inspection

No

Form 990 (2020)

, **20** 21

06-30

Form	n 990 (2020) UNITED WAY OF SOUTHWEST WYOMING	83-0233314	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	UNITING PEOPLE, SHARING RESOURCES, AND IMPROVING LIVES IN SOUTHWEST WYOMING.	WE ARE WORK	ING TO
	ADVANCE THE COMMON GOOD BY FOCUSING ON EDUCATION, HEALTH AND BASIC NEEDS. O	UR GOAL IS TO	CREATE
	LONG LASTING CHANGES THAT PREVENT PROBLEMS FROM HAPPENING.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	· · · · · 📋 Yes	🗙 No
_	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		Π.
		· · · · · 📋 Yes	<u>x</u> No
4	If "Yes," describe these changes on Schedule O.	ad by	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to o	•	
	the total expenses, and revenue, if any, for each program service reported.	uleis,	
4a	(Code:) (Expenses \$ 579,194 including grants of \$) (Revenue	e \$ 891	,210)
	UNITED WAY OF SOUTHWEST WYOMING AWARDS GRANTS TO ORGANIZATIONS THAT HAVE MEA		· · ·
	OUTCOMES THAT ALIGN WITH OUR EDUCATION, HEALTH AND BASIC NEEDS INITIATIVES T		
	IN FREMONT, LINCOLN, SUBLETTE, SWEETWATER AND UINTA COUNTIES, WYOMING. WORKP		
	SINGLE LARGEST AREA OF SUPPORT TO THE ANNUAL UNITED WAY OF SOUTHWEST WYOMING		
	ARE ALSO RECEIVED FROM CORPORATIONS, SMALL BUSINESSES AND INDIVIDUALS.		
4b	(Code:) (Expenses \$ 70,636 including grants of \$) (Revenue	e \$ 49	,092)
40	UNITED WAY OF SOUTHWEST WYOMING MANAGES DOLLY PARTON'S IMAGINATION LIBRARY I	·	· · ·
	THIS PROGRAM MAILS A FREE, AGE APPROPRIATE BOOK EVERY MONTH TO CHILDREN FROM		
	LIVE IN FREMONT, LINCOLN, SWEETWATER AND UINTA COUNTIES. CURRENTLY 2,768 CHI		
	WITH 5,230 HAVING GRADUATED FROM THE PROGRAM. THIS IS PART OF OUR EDUCATION		
	CHILDREN BE KINDERGARTEN READY. THE COST IS ABOUT \$35 PER CHILD PER YEAR, WH		
	MONTH. THE DOLLYWOOD FOUNDATION PAYS FOR THE BOOKS. OUR JOB IS TO RAISE THE	FUNDS FOR THE	
	SHIPPING OF THE BOOKS, PROMOTE THE PROGRAM AND TO MAINTAIN THE DATABASE BY R	EGISTERING CH	ILDREN
	AND APPROVING ON-LINE REGISTRATIONS. FUNDS ARE RAISED THROUGH GRANTS, INDIVI	DUAL DONATION	S AND
	SPECIAL EVENTS LIKE OUR ANNUAL GOLF TOURNAMENT.		
<u>.</u>			
4c	(Code:) (Expenses \$ 22,670 including grants of \$) (Revenue		8,469)
	UWSW MANAGES COMMUNITY DIAPER BANKS IN SWEETWATER AND UINTA COUNTIES. DIAPER A SUFFICIENT SUPPLY OF DIAPERS TO KEEP AN INFANT OR TODDLER CLEAN, DRY AND H		
	A SUFFICIENT SUFFLY OF DIAFERS TO REEF AN INFANT OF TODDLER CLEAN, DET AND A ASSISTANCE IS NOT AVAILABLE THROUGH OTHER GOVERNMENT PROGRAMS. WITH THE HELP		
	PARTNERSHIPS WITH THE FOOD BANK OF SWEETWATER COUNTY, UINTA B.O.C.E.S. #1, L		
	COMMUNITY HEALTH CENTER IN WAMSUTTER, DIAPER BANKS AND PANTRIES ARE AVAILABL		
	GREEN RIVER, WAMSUTTER, LYMAN AND EVANSTON. IN 2020, 88,285 DIAPERS WERE DIS		
	THESE LOCATIONS.		
A!	Other program convises (Describe on Schedule O.)		
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 672,500		
EEA		Form	m 990 (2020)

Pa	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
Ū	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	<u> </u>		
U	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
		6		
-	"Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	_		
_	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	x	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
â	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	x	
k	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		v
e		11e		
		TIE		X
f		445		
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
		12a		x
b	5			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
-	If "Yes," complete Schedule G, Part III	19		x
20 a		20a		x
20 C k		20b		- 11
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
<u> </u>		21		v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	4 1		х

Form 990 (2020) UNITED WAY OF SOUTHWEST WYOMING Part IV Checklist of Required Schedules

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Pa	rt IV Checklist of Required Schedules (continued)				
		,		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on				
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the				
	organization's current and former officers, directors, trustees, key employees, and highest compensated				
	employees? If "Yes," complete Schedule J		23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b				
	through 24d and complete Schedule K. If "No," go to line 25a		24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	[24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	Ī			
	to defease any tax-exempt bonds?		24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	[24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	Ī			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	ſ			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?				
	If "Yes," complete Schedule L, Part I		25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%				
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II		26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	f			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee				
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these				
	persons? If "Yes," complete Schedule L, Part III		27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part				<u></u>
20	IV instructions, for applicable filing thresholds, conditions, and exceptions):				
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If				
u	"Yes," complete Schedule L, Part IV		28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	H	20a 28b		 X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If		200		
C	"Yes," complete Schedule L, Part IV		28c		v
20	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	H	200		<u>x</u>
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		23		x
30	conservation contributions? If "Yes," complete Schedule M		30		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	H	31		<u>x</u>
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"		31		x
32	complete Schedule N. Part II		32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		32		x
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		33		
24			33		x
34	Was the organization related to any tax-exempt or taxable entity? <i>If</i> "Yes," <i>complete Schedule R, Part II, III, or IV, and Part V, line 1</i>				
25-	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	H	34		<u>x</u>
35a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	••••	35a		x
b			256		
20			35b		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable		20		
	related organization? If "Yes," complete Schedule R, Part V, line 2		36		<u>x</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization				
~~	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and				
	19? Note: All Form 990 filers are required to complete Schedule O.		38	Х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	•••		
		г		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a	0			
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable 1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and				
	reportable gaming (gambling) winnings to prize winners?		1c	х	

	990 (2020) UNITED WAY OF SOUTHWEST WYOMING 83-02333	14	P	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
_			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
L	Statements, filed for the calendar year ending with or within the year covered by this return	0 h		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	
20	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	3a		v
3a b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		X
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	50		
τu	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country			A
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		x
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	_		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g L	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		X
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? • • • • • • • • • • • • • • • • • • •	70		x
0	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	0		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		
11	Section 501(c)(12) organizations. Enter:	1		
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
_	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand	4.4-		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x
b 15	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		v
	excess parachute payment(s) during the year?	15		x
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
	If "Yes," complete Form 4720, Schedule O.			<u> </u>

Form 990	(2020)
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			age 6	
Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	"No"		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			. x
Sec	tion A. Governing Body and Management		-	
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1		
	any other officer, director, trustee, or key employee?	2		x
3	Did the organization delegate control over management duties customarily performed by or under the direct	_		
•	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			x
6	Did the organization have members or stockholders?	_		x
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			~
1 a	one or more members of the governing body?	7a		
h		10		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	76		
•	stockholders, or persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
a	The governing body?	-	x	
b	Each committee with authority to act on behalf of the governing body?	8b	x	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
<u></u>	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		-	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		x
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	x	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		x	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? • •	12b	x	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	x	
13	Did the organization have a written whistleblower policy?	13	x	
14	Did the organization have a written document retention and destruction policy?	14	x	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	x	
b	Other officers or key employees of the organization	15b	x	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	1		·
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
13	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
20				
	KELLY FRINK (307)362-5003, 510 SOUTH MAIN STREET, ROCK SPRINGS, WY 82901	F	990 ('	20201

Form 990 (202	0) UNITED WAY OF SOUTHWEST WYOMING	83-0233314	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Con Independent Contractors	npensated Employee	es, and
	Check if Schedule O contains a response or note to any line in this Part VII		
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Complete to organization's	his table for all persons required to be listed. Report compensation for the calendar year ending with or with tax year.	in the	

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than

\$100,000 of reportable compensation from the organization and any related organizations.

List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

🗴 Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

					(C)	<u>, , , , , , , , , , , , , , , , , , , </u>				
(A)	(B)				sition			(D)	(E)	(F)
Name and title	Average	``				nan one s both ar		Reportable	(L) Reportable	Estimated amount
	hours					/trustee)		compensation	compensation from related organizations	of other
	per week							from the organization		compensation from the
	(list any hours for	or c	Inst	Officer	Ke)	em	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and
	related	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	mer			related organizations
	organizations	al tru	nal t		oloye	e com				
	below dotted line)	stee	ruste		ð	pens				
	dotted line)		ö			ated				
(1) KELLY FRINK	40.00			_						
EXECUTIVE DIRECTOR					x			69,743	0	0
(2) TJ LOPEZ										
DIRECTOR		x						0	0	0
(3) JOANNA ROBINSON										
DIRECTOR		x						0	0	0
(4) AMBER KRAMER										
DIRECTOR		х						0	0	0
(5) MARTHA HOLZGRAFE										
DIRECTOR		х						0	0	0
(6) JOHN GROSSNICKLE JR.										
DIRECTOR		x						0	0	0
(7) RALPH GINESTAR										
DIRECTOR		x						0	0	0
(8) WENDY ISAAC (BARTLETT)										
PRESIDENT		х		х				0	0	0
(9) DARCIE PUNCHES-MICKELSON										
VICE PRESIDENT		х		x				0	0	0
(10)GAYLEN GEORGE										
TREASURER		х		x				0	0	0
<u>(11)</u>										
<u>(12)</u>										
<u>(13)</u>										
<u>(14)</u>										

	90 (2020) UNITED WAY OF SOUT	THWEST W	YOMII	NG						8:	3-0233	314	Р	age 8
Part	VII Section A. Officers, Directors, Trustees	, Key Emplo	oyees,	and	Hig	hest	t Com	pens	sated Employees	(continued)			
	(A) Name and title	(C) (B) Position (do not check more than one box, unless person is both an hours (D) Average hours officer and a director/trustee) per week roompensation from the organization						Reportable compensation	(E) Reportable compensation from related organizations		cor	(F) ated amo of other npensati rom the		
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-I		orga	nization and a diamatic diamat	
<u>(15)</u>														
<u>(16)</u>														
<u>(17)</u>														
<u>(18)</u>														
<u>(19)</u>														
<u>(21)</u>														
<u>(22)</u>														
<u>(23)</u>														
<u>(24)</u>														
<u>(25)</u>														
1b c	Subtotal Total from continuation sheets to Part VII, Sect		•••	•••	•••	•••	•••	•						
d	Total (add lines 1b and 1c)							•	69,743		0			0
2	Total number of individuals (including but not limite reportable compensation from the organization	ed to those lis	ted ab	ove)) who	o rec	eived	more	e than \$100,000 of	:				0
3	Did the organization list any former officer, directo	r, trustee, ke	y empl	oyee	e, or	high	iest co	mpe	ensated				Yes	No
	employee on line 1a? <i>If "Yes," complete Schedule</i> For any individual listed on line 1a, is the sum of re											3		x
4	organization and related organizations greater that													
_	individual • • • • • • • • • • • • • • • • • • •											4		х
5	Did any person listed on line 1a receive or accrue for services rendered to the organization? <i>If "Yes,"</i>	•		-			-					5		x
Secti	on B. Independent Contractors													
1	Complete this table for your five highest compensation from the organization. Report comp										y vear			
	(A)			onac	ar yo		nung		(B)			(C)		
	Name and business addres	S							Description of service	es		Compens	ation	
2	Total number of independent contractors (including received more than \$100,000 of compensation from	-		hose		ed al	bove)	who						

orm 99			WAY OF SO	UTHWE	ST WYOMING			83-02333	14 Page S
Part V		Statement of Reve	enue						_
		Check if Schedule O con	ntains a response	or not	e to any line in this	Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	_ 1a	Federated campaigns		1a	607,690				
ა ა	b	Membership dues		1b					
Contributions, Gifts, Grants and Other Similar Amounts	с	Fundraising events		1c					
ы Сщо Сщо	d	Related organizations		1d					
ar A	е	Government grants (contril	butions)	1e					
imil i	f	All other contributions, gifts	s, grants,						
er s S		and similar amounts not inc	cluded above	1f	506,396				
d t i	g	Noncash contributions inclu	uded in						
n pu		lines 1a-1f		1g	\$				
2 10	h	Total. Add lines 1a-1f		· · · ·	· · · · · · >	1,114,086			
					Business Code				
р,					24100	7,110	7,110		
e K	b								-
nue	С								
le ve	d								
Program Service Revenue	е								
2		All other program service re							
	g	Total. Add lines 2a-2f			•••••	7,110			
		Investment income (includin							
		other similar amounts)			H	43,190	43,190		
		Income from investment of t							
	5	Royalties							
			(i) Real		(ii) Personal				
		Gross rents							
		' +	6b						
		Rental income or (loss)	6C						
	d	Net rental income or (loss)							
		Gross amount from	(i) Securitie	s	(ii) Other				
		sales of assets							
		other than inventory	7a 190,	482					
~	-	Less: cost or other basis							
nue		and sales expenses							
Other Revenu		Gain or (loss)		393					
ř		Net gain or (loss)		· · · ·	· · · · · ►	29,393	29,393		
a		Gross income from fundrais	sing						
5		events (not including \$							
		of contributions reported on							
		1c). See Part IV, line 18		8a	6,195				
		Less: direct expenses		8b	6,195				
		Net income or (loss) from fu	-	· · ·	· · · · · ►				
		Gross income from gaming							
		activities, See Part IV, line 1		9a					
		Less: direct expenses		9b					
	С	Net income or (loss) from ga	aming activities	· · ·	· · · · · ►				
		Gross sales of inventory, les							
		returns and allowances		10a					
		Less: cost of goods sold		10b					-
	C	Net income or (loss) from sa	ales of inventory	•••					
				Ļ	Business Code				
,	11a								<u> </u>
5	b								ļ
0 > D	c								ļ
Kevenue	-	All other revenue		··L					
	-	Total. Add lines 11a-11d							
	12	Total revenue. See instruct	ions			1.193.779	79,693	0	0

2020) UNITED WAY OF SOUTHWEST WYOMING Statement of Functional Expenses

	Check if Schedule O contains a response or note to a	,			L
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		5.001000	general expenses	experieds
	and domestic governments. See Part IV, line 21	584,070	584,070		
2	Grants and other assistance to domestic	5017070			
-	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
•	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
•	trustees, and key employees	69,742	31,384	6,974	31,384
6	Compensation not included above, to disgualified	0,7,12	51,501		51,501
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	48,004	21,602	4,800	21,602
8	Pension plan accruals and contributions (include	48,004	21,002	4,800	21,002
U	section 401(k) and 403(b) employer contributions)	9,573	4,308	957	4,308
9	Other employee benefits	12,153		1,215	
10		10,482	5,469	1,048	<u>5,469</u> 4,717
11	Fees for services (nonemployees):	10,402	4,/1/	1,040	4,/1/
	Management				
a b					
b		E1 2EC		E1 2EC	
c d		51,256		51,256	
	Professional fundraising services. See Part IV, line 17				
e f	Investment management fees	25 410		25 410	
		25,419		25,419	
g	Other. (If line 11g amount exceeds 10% of line 25, column				
40	(A) amount, list line 11g expenses on Schedule O.)	1.000	0.040	400	
12	Advertising and promotion	4,996	2,249	499	2,248
13	Office expenses	2,141	999	207	935
14					
15	Royalties				
16		18,089	8,140	1,809	8,140
17		747	336	75	336
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20					
21	Payments to affiliates	11,149		11,149	
22	Depreciation, depletion, and amortization	362	163	36	163
23		3,994	1,798	399	1,797
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	INDIRECT FUNDRAISING COSTS	16,405			16,405
b	DUES AND SUBSCRIPTIONS	6,722	3,025	672	3,025
С	EQUIPMENT AND MAINTENANCE	5,107	2,298	511	2,298
d	MISCELLANEOUS	1,088	510	106	472
е	All other expenses	3,182	1,432	318	1,432
25	Total functional expenses. Add lines 1 through 24e	884,681	672,500	107,450	104,731
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				

Form 990	(2020)	UNITED	WAY	OF	SOUTHWEST	WYOMING
Dart Y	Balanco S	haat				

83-0233314

Page 11

Par	t X	Balance Sheet			<u> </u>
		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	559,404	1	825,469
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	254,986	4	183,695
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
Ś	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	21,102	9	8,944
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 34,142			
	b	Less: accumulated depreciation 10b 32,220	2,284	10c	1,922
	11	Investments - publicly traded securities	1,915,157	11	2,422,468
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	2,752,933	16	3,442,498
	17	Accounts payable and accrued expenses	26,277	17	18,806
	18	Grants payable	467,685	18	446,953
	19			19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or former officer, director,			
billid		trustee, key employee, creator or founder, substantial contributor, or 35%			
Lial	~~	controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X		25	
	20		402.000	25 26	
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here x 	493,962	20	465,759
Ś		and complete lines 27, 28, 32, and 33.			
Ce	27	Net assets without donor restrictions	0 100 150	27	2 450 260
alar	27 28	Net assets with donor restrictions	2,137,157	27	2,450,260
Ä	20	Organizations that do not follow FASB ASC 958, check here	121,814	20	526,479
ŭ					
Ĕ	20	and complete lines 29 through 33. Capital stock or trust principal, or current funds		29	
ts c	29 30	Paid-in or capital surplus, or land, building, or equipment fund		29 30	
sse	30 21	Retained earnings, endowment, accumulated income, or other funds		30 31	
Net Assets or Fund Balances	31 32	Total net assets or fund balances	2 250 071	31 32	2 076 730
Ne	32 33	Total liabilities and net assets/fund balances	2,258,971	32 33	2,976,739
	55		2,752,933	55	3,442,498

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Form **990** (2020)

Form	990 (2020) UNITED WAY OF SOUTHWEST WYOMING	33-023331	4	Pa	age 12
Pa	rt XI Reconciliation of Net Assets				-
	Check if Schedule O contains a response or note to any line in this Part XI				. 🗌
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1	1,	193,	779
2	Total expenses (must equal Part IX, column (A), line 25)	. 2		884,	681
3	Revenue less expenses. Subtract line 2 from line 1	. 3		309,	098
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		2,	258,	971
5	Net unrealized gains (losses) on investments	. 5		409,	004
6	Donated services and use of facilities	. 6			
7	Investment expenses	. 7			
8	Prior period adjustments	-		(334)
9	Other changes in net assets or fund balances (explain on Schedule O)	. 9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	. 10	2,	976,	739
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u>. </u>
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Single Audit Act and OMB Circular A-133?		3a		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
				000 /	

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Form 990 (2020)

SCH	EDI	JL	Ε	Α	
(Form	990	or	99	0-EZ	1

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

2020 Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Inspection Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Inspection								Inspection			
		e organization						Employer identificat	ion number		
UNI	TED		UTHWEST WYOMING					83-023331			
Pa	art I	Reason	for Public Charity	y Status. (All o	rganizations must c	omplete	this par	t.) See instruction	S.		
The	orgai		•		1 through 12, check only	,					
1	Ц				ches described in sectior		(A)(i).				
2	Ц				chedule E (Form 990 or 9						
3	Ц	•		-	described in section 170						
4			earch organization operation operation operation operation operation operation operation operation operation op	ated in conjunction	with a hospital described	in section	170(b)(1)	(A)(iii). Enter the			
5			· · · · · · · · · · · · · · · · · · ·		niversity owned or operat	ed by a go	vernmenta	l unit described in			
~)(1)(A)(iv). (Complete F	,	4 de e suite e d'in e se sti sus 47	0/->/4>/6>	(- A)				
6	x		-	•	t described in section 17			the general public			
7	A	-	-		of its support from a gove	emmentart		i the general public			
0	П	described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)									
8 9	H	A community it us described in section 170(b)(1)(A)(vi). (Complete Part it.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college									
9		•	-		e instructions). Enter the	•		• •			
		university:	a non-land-grant colle	ge of agriculture (se		name, eny	, and state	of the conege of			
10	П	, _	n that normally receives	s: (1) more than 33	1/3% of its support from	contributior	ns. membe	rship fees, and gross			
		-	-		ubject to certain exception						
		-			siness taxable income (le	• •					
					ction 509(a)(2). (Comple		,				
11	П		-		st for public safety. See s						
12	Π	-			he benefit of, to perform t			carry out the purposes			
		of one or more	publicly supported orga	anizations describe	d in section 509(a)(1) or	section 50)9(a)(2) . Se	ee section 509(a)(3).			
		Check the box	in lines 12a through 12	d that describes the	e type of supporting orgai	nization an	d complete	e lines 12e, 12f, and 12	2g.		
	а	Type I. A	supporting organization	operated, supervis	ed, or controlled by its su	pported or	ganization	(s), typically by giving			
		the suppo	rted organization(s) the	power to regularly	appoint or elect a majority	y of the dire	ectors or tri	ustees of the			
		supporting	organization. You mu	st complete Part IV	/, Sections A and B.						
	b	Type II. A	supporting organizatior	n supervised or con	trolled in connection with	its support	ed organiz	ation(s), by having			
		control or	management of the sup	porting organizatio	n vested in the same per	sons that c	ontrol or m	anage the supported			
		organizati	on(s). You must comp	lete Part IV, Sectio	ns A and C.						
	С	Type III fu	nctionally integrated.	A supporting organ	ization operated in conne	ection with,	and function	onally integrated with,			
		its support	ed organization(s) (see	instructions). You	must complete Part IV,	Sections A	A, D, and E	L			
	d	Type III no	on-functionally integra	ated. A supporting of	organization operated in c	onnection	with its sup	oported organization(s)		
		that is not	functionally integrated.	The organization ge	enerally must satisfy a dis	stribution re	equirement	and an attentiveness			
		requireme	nt (see instructions). Yo	ou must complete	Part IV, Sections A and	D, and Pa	rt V.				
	е	Check this	box if the organization	received a written of	determination from the IR	S that it is	a Type I, T	ype II, Type III			
		functionall	y integrated, or Type III	non-functionally int	egrated supporting organ	ization.					
	f		ber of supported organi								
	g	Provide the fol	lowing information abou	ut the supported org	panization(s).			1	1		
	(i) Name of supported	lorganization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the o listed in you		(v) Amount of monetary	(vi) Amount of other support (see		
					above (see instructions))	docum	0 0	support (see instructions)	instructions)		
						Yes	No				
(A)											
(B) 											
(C)											
(D)											
(E)											
Tota	al .										
								1	1		

Pa	art II Support Schedule for Organiza							
	(Complete only if you checked th				•		ify under	
_	Part III. If the organization fails to	o qualify under	the tests list	ed below, ple	ase complete	e Part III.)		
	ction A. Public Support							
-	endar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
_	include any "unusual grants.")	1,156,258	964,025	1,099,239	1,124,989	1,114,086	5,458,597	
2	Tax revenues levied for the							
	organization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to the							
	organization without charge							
4	5	1,156,258	964,025	1,099,239	1,124,989	1,114,086	5,458,597	
5	The portion of total contributions by							
	each person (other than a							
	governmental unit or publicly							
	supported organization) included on							
	line 1 that exceeds 2% of the amount							
	shown on line 11, column (f)						156,016	
	Public support. Subtract line 5 from line 4						5,302,581	
	ction B. Total Support	i	i	i				
Cal	endar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
7	Amounts from line 4	1,156,258	964,025	1,099,239	1,124,989	1,114,086	5,458,597	
8	Gross income from interest, dividends,							
	payments received on securities loans,							
	rents, royalties, and income from							
	similar sources	135,998	76,115	87,162	(6,079) 481,587	774,783	
9	Net income from unrelated business							
	activities, whether or not the business							
	is regularly carried on							
10	Other income. Do not include gain or							
	loss from the sale of capital assets							
	(Explain in Part VI.)	104,486	58,455	25,190			188,131	
	Total support. Add lines 7 through 10						6,421,511	
	Gross receipts from related activities, etc. (se	,				12		
13	First five years. If the Form 990 is for the org	•			•		,	
_	organization, check this box and stop here						▶∟	
	ction C. Computation of Public Support					i		
	Public support percentage for 2020 (line 6, c					14	82.58 %	
	Public support percentage from 2019 Schedu					15	89.57 %	
16a	33 1/3% support test - 2020. If the organization							
	box and stop here. The organization qualifie							
k	33 1/3% support test - 2019. If the organization							
	this box and stop here. The organization qua		• • • •	-			_	
17a	10%-facts-and-circumstances test - 2020.	-						
	10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in							
	Part VI how the organization meets the facts					• • • •	d _	
	organization						▶ ∐	
k	b 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line							
	15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain							
	in Part VI how the organization meets the fac						rted	
	organization						· · · · ► 📋	
18	Private foundation. If the organization did n						_	
	instructions	<u></u>				<u></u>	···· ▶ []	

UNITED WAY OF SOUTHWEST WYOMING

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

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Pa	support Schedule for Organiz				•		
	(Complete only if you checked the			•		• •	y under Part II.
	If the organization fails to qualify	under the te	ests listed bel	ow, please co	omplete Part I	l.)	
	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020) (f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 .						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
•	line 6.)						
Sec	ction B. Total Support						
	endar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020) (f) Total
9	Amounts from line 6	() = 0.00	(,	(0) = 0.00	(4) = 0.00	(0) = = = =	(1)
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business						
••	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
•	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
10	and 12.)						
14	First 5 years. If the Form 990 is for the organ	nization's first	second third t	l fourth or fifth t	ay vear as a se	ction 501(<u></u>
14	organization, check this box and stop here				•	•	
Se	ction C. Computation of Public Suppor						· · · · · · · · F []
	Public support percentage for 2020 (line 8, co			column (f))		15	%
	Public support percentage for 2020 (intel0, cl		•			16	<u> </u>
_	ction D. Computation of Investment In						70
17	Investment income percentage for 2020 (line			ne 13. column	(f))	17	%
18			•			17	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	3 Investment income percentage from 2019 Schedule A, Part III, line 17						
130	17 is not more than 33 1/3%, check this box						
۲		-	-	-			_
u	33 1/3% support tests - 2019. If the organization line 18 is not more than 33 1/3%, check this because the second secon						
20	Private foundation. If the organization did not	-	-				- =
Z U	Filvale Iouliualion. If the organization du th	טי טוובטע מ 20/		a, ur i 30, uileu	n uno dula anu s	ວວວ ກາວແຟບ	uuuio 💌 📋

UNITED WAY OF SOUTHWEST WYOMING

Schedule A (Form 990 or 990-EZ) 2020

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Part IV Supporting Organizations (Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b. Part I. complete Sections A and C. If you checked box 12c. Part I. complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No Are all of the organization's supported organizations listed by name in the organization's governing 1 documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by 1 class or purpose, describe the designation. If historic and continuing relationship, explain. 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). 2 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below. 3a b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the 3b organization made the determination. c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. 3c 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below. 4a **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion 4b despite being controlled or supervised by or in connection with its supported organizations. Did the organization support any foreign supported organization that does not have an IRS determination С under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action 5a was accomplished (such as by amendment to the organizing document). Type I or Type II only. Was any added or substituted supported organization part of a class already b designated in the organization's organizing document? 5b c Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). 7 Did the organization make a loan to a disgualified person (as defined in section 4958) not described in line 7? 8 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). 8 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI. 9a Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which b the supporting organization had an interest? If "Yes," provide detail in Part VI. 9b Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit С from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI. 9c 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below. 10a Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to b determine whether the organization had excess business holdings.) 10b EEA Schedule A (Form 990 or 990-EZ) 2020

UNITED WAY OF SOUTHWEST WYOMING

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Schedule A (Form 990 or 990-EZ) 2020

83-0233314 Page 5 Part IV Supporting Organizations (continued) Yes No Has the organization accepted a gift or contribution from any of the following persons? 11 described in lines 11b and 11a 11c below, the governing body of a supported organization? b A family member of a person described in line 11a above? 11b c A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the 1 supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated. supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 1 or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1 Section D. All Type III Supporting Organizations Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year. (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported

- organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in line 2, above, did the organization's supported organizations have 3
- a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. b
- c The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions).
- Activities Test. Answer lines 2a and 2b below. 2
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- **b** Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- Parent of Supported Organizations. Answer lines 3a and 3b below. 3
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3a

2a

2b

2

3

Yes

No

Schedule A (Form 990 or 990-EZ) 2020 UNITED WAY OF SOUTHWEST WYOMING

5		5		,	51	
a A person who directly	or indirectl	y controls,	either alone o	r together v	with persons o	le
110 holow the govern	ing hady of	Fagunnart	ad arganizatio	~ ?		

chedule A (Form 990 or 990-EZ) 2020 UNITED WAY OF SOUTHWEST WYOMING		83-023	3314 Page
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting O			
1 Check here if the organization satisfied the Integral Part Test as a qualifying			
instructions. All other Type III non-functionally integrated supporting organi	zations	must complete Section	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea
			(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection			
of gross income or for management, conservation, or maintenance of			
property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally	/ integra	ted Type III supporting	organization
(see instructions).	Ũ		-

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Schedule A (Form 990 or 990-EZ) 2020

Schedu Par	t V Type III Non-Functionally Integrated 509(a)(3		83-0 ations (continued		314 Page 7
Sec	tion D - Distributions		i i i i i i i i i i i i i i i i i i i		Current Year
1	Amounts paid to supported organizations to accomplish exem	npt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt	purposes of supported			
	organizations, in excess of income from activity		2		
	Administrative expenses paid to accomplish exempt purposes	s of supported organizati	ons	3	
	Amounts paid to acquire exempt-use assets			4	
	Qualified set-aside amounts (prior IRS approval required) - pr	ovide details in Part VI)		5	
	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	organization is respons	ive		
	(provide details in Part VI). See instructions.			8	
	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sec	tion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	ns	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
-	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021 . Add lines 3j and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
EEA				Sched	ule A (Form 990 or 990-EZ) 2020
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Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part
	III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section
	B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2
	3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
	-

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2020

Attach to Form 990, Form 990-EZ, or Form 990-PF.

Go to www.irs.gov/Form990 for the latest information.

Employer identification number Name of the organization UNITED WAY OF SOUTHWEST WYOMING 83-0233314 Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

x For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Page 2 Employer identification number

UNITED WAY OF SOUTHWEST WYOMING

83-0233314

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
1	CINER RESOURCES CORPORATION PO BOX 513	\$	Person <u>k</u> Payroll □ Noncash □				
	GREEN RIVER WY 82935	_	(Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
2	PACIFICORP 415 N. ST ROCK SPRINGS WY 82901	\$65,825	Person x Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
3	J.R. SIMPLOT COMPANY 515 S. HWY 430 ROCK SPRINGS WY 82901	\$46,231 	Person Image: Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				

SCHEDULE	D
(Form 990)	

Supplemental Financial Statements

OMB No. 1545-0047

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(Form 990)		Complete if the org	2020			
	Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		Onen te Dublie			
	tment of the Treasury		Attach to Form 990.	4h - 1-44 :		Open to Public
	al Revenue Service of the organization	Go to www.irs.gov/Form99	o for instructions and			Inspection
	U U				Employer identification	
Pa		UTHWEST WYOMING ions Maintaining Donor Advised Fu	nds or Othor Simila		83-0233314	
Iu	J	if the organization answered "Yes" on				
	Complete				(b) Euroda an	d other accounts
1	Total number at en	d of year • • • • • • • • • • • • • • • • • • •	(a) Donor adv		(b) Funds an	
2		contributions to (during year)				
3	00 0	grants from (during year)				
4		end of year				
5		n inform all donors and donor advisors in wri	L	in donor advised		
5	-	nization's property, subject to the organization	-			∏Yes ∏No
6	•	n inform all grantees, donors, and donor adv	•			
Ũ	-	purposes and not for the benefit of the donor				
	•	•		• • •		∏Yes ∏No
Pa	<u> </u>	vation Easements.				
		e if the organization answered "Yes" or	n Form 990, Part IV, I	ine 7.		
1		ervation easements held by the organization				
	_	f land for public use (e.g., recreation or educ		Preservation of a	a historically importa	nt land area
	Protection of na			Preservation of a	a certified historic str	ucture
	Preservation of	f open space		—		
2	Complete lines 2a th	nrough 2d if the organization held a qualified	conservation contributio	on in the form of a cons	servation	
	easement on the la	st day of the tax year.			Held at t	ne End of the Tax Year
а	Total number of cor	nservation easements			. 2a	
b	Total acreage restri	cted by conservation easements			. 2b	
с	Number of conserv	ation easements on a certified historic struct	ture included in (a)		. 2c	
d	Number of conserv	ation easements included in (c) acquired aft	er 7/25/06, and not on a			
	historic structure lis	ted in the National Register			. 2d	
3	Number of conserv	ation easements modified, transferred, relea	ased, extinguished, or te	rminated by the organi	zation during the	
	tax year 🕨 🚬					
4	Number of states w	here property subject to conservation easen	nent is located			
5	Does the organizat	ion have a written policy regarding the period	dic monitoring, inspectio	n, handling of		
	violations, and enfo	preement of the conservation easements it he	olds?			🗌 Yes 🗌 No
6	Staff and volunteer	hours devoted to monitoring, inspecting, ha	ndling of violations, and	enforcing conservation	n easements during	the year
	<u>►</u>	_				
7	Amount of expense	es incurred in monitoring, inspecting, handlin	g of violations, and enfo	rcing conservation eas	sements during the y	ear
	▶\$					
8	Does each conserv	ration easement reported on line 2(d) above	satisfy the requirements	s of section 170(h)(4)(E	3)(i)	
	and section 170(h)					🗌 Yes 📋 No
9	,	e how the organization reports conservation				
		include, if applicable, the text of the footnote	e to the organization's fir	nancial statements that	t describes the	
D - 1		unting for conservation easements.		T		4 -
Pa		zations Maintaining Collections			iner Similar As	sets.
		e if the organization answered "Yes" o				
1a		elected, as permitted under FASB ASC 958,				
	-	asures, or other similar assets held for public			ice of public	
	•	Part XIII the text of the footnote to its financi				
b	-	elected, as permitted under FASB ASC 958,	•			
		ares, or other similar assets held for public ex	xhibition, education, or r	esearch in furtherance	e ot public service,	
	•	g amounts relating to these items:			b	
		ded on Form 990, Part VIII, line 1				
•	.,					
2	if the organization r	eceived or held works of art, historical treas	ures, or other similar as	sets for financial gain,	provide the	

.

Assets included in Form 990, Part X b For Paperwork Reduction Act Notice, see the Instructions for Form 990.

a Revenue included on Form 990, Part VIII, line 1

following amounts required to be reported under FASB ASC 958 relating to these items:

▶ \$

▶ \$

.

. . .

	ule D (Form 990) 2020 UNITED WAY OF S			_		83-023		Page 2
Par	t III Organizations Maintaining	Collections of A	Art, Historical T	<u>reasures,</u>	or Ot	her Similar A	lssets (C	ontinued)
3	Using the organization's acquisition, accession	n, and other records, o	check any of the follo	wing that mak	e signifi	cant use of its		
	collection items (check all that apply):							
а	Public exhibition		d 🗌 Loan d	or exchange p	orograms	6		
b	Scholarly research		e 🗍 Other		5			
c	Preservation for future generations							
4	Provide a description of the organization's coll	octions and ovalain b	ow those further the or	appization's c	wompt r	urposo in Part		
-	XIII.			ganizations e	svembr h	dipose in ran		
F		reacive denotions of a	art historical traceurs	a ar athar ain	nilor			
5	During the year, did the organization solicit or			-				. D .
Dar	assets to be sold to raise funds rather than to		of the organization's	collection?	• • • •		🗌 Ye	s 🗌 No
Fai	t IV Escrow and Custodial Arra					norted on one	aunt an I	
	Complete if the organization a	answered tes d	on Form 990, Pa	n iv, ine s	, or re	poned an am	ount on r	-onn
	990, Part X, line 21.							
1a	Is the organization an agent, trustee, custodia						_	_
	included on Form 990, Part X?						· · · 🗌 Ye	s 🗌 No
b	If "Yes," explain the arrangement in Part XIII a	nd complete the follow	wing table:					
						A	mount	
С	Beginning balance				1c	;		
d	Additions during the year				1d	1		
е	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an amount on For	rm 990. Part X. line 2′	1. for escrow or custo	dial account l	iabilitv?		🗌 Ye	s 🗌 No
b	If "Yes," explain the arrangement in Part XIII. (H
	t V Endowment Funds.				,			
	Complete if the organization a	answered "Yes" o	on Form 990, Pa	rt IV. line 1	0.			
				(c) Two years				ir voora book
10	Beginning of year balance	(a) Current year	(b) Prior year			(d) Three years back		r years back
1a ⊾			855,255	843,	,009	804,41	<u> </u>	733,192
b							<u> </u>	
С	Net investment earnings, gains, and						_	
			(48,471)	22,	,957	46,95	7	78,244
d	Grants or scholarships							
е	Other expenditures for facilities and							
	programs							
f	Administrative expenses		8,844	11,	,371	7,69	8	7,026
g	End of year balance		797,940	855,	,255	843,66	804,410	
2	Provide the estimated percentage of the curre	nt year end balance (l	line 1g, column (a)) h	eld as:				
а	Board designated or quasi-endowment	%						
b	Permanent endowment	6						
с	Term endowment %							
	The percentages on lines 2a, 2b, and 2c shou	ld equal 100%.						
3a	Are there endowment funds not in the possess	sion of the organizatio	n that are held and a	dministered fo	or the			
	organization by:	0						Yes No
	(i) Unrelated organizations						3a(i)	
							3a(ii)	
b	If "Yes" on line 3a(ii), are the related organizat						3b	
4	Describe in Part XIII the intended uses of the o	•					. 50	
	t VI Land, Buildings, and Equip		nent lunus.					
I UI	Complete if the organization		n Form 990 Pa	rt IV line 1	1a Se	e Form 990	Part X li	ne 10
	Description of property	(a) Cost or othe (investme		r other basis other)		Accumulated epreciation	(d) Boo	ok value
4-	Land	(investille						
1a ⊾		· ·						
b	Buildings	•••						
c	Leasehold improvements	••						
d	Equipment	· ·		34,142		32,220		1,922
e	Other							
Total	. Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part X	, column (B), line 10c	.)		🕨		1,922

Schedule D (Form	UNITED WAY OF SO	UTHWEST WYOM	ING		83-0	233314	Page 3
Part VII	Investments - Other Securities.						
	Complete if the organization answered	d "Yes" on Fori	m 990, Part I	V, line 11b.	See Form 9	}90, Part X, I	ine 12.
	(a) Description of security or category (including name of security)		(b) Book valu	le		Method of valuation: end-of-year market va	
(1) Financial of	erivatives						
(2) Closely-he	ld equity interests						
(3) Other							
(A)							
(B)							
(C)							
(D)							
(E)							
(F)							
(G)							
(H)							
Part VIII	(b) must equal Form 990, Part X, col. (B) line 12.) Investments - Program Related.						
	Complete if the organization answered	d "Yes" on Fori	m 990, Part I	V, line 11c.	See Form 9)90, Part X, I	ine 13.
	(a) Description of investment		(b) Book valu	ie		Method of valuation	
(1)					Cost or e	end-of-year market va	alue
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
		►					
Part IX	Other Assets.						
	Complete if the organization answered	d "Yes" on ⊢ori	m 990, Part I	V, line 11d.	See Form §	90, Part X, I	ine 15.
	(a) D	escription				(b) Boo	ok value
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)	(h) must squal Form 000 Port V and (P) line 15)						
Part X	(b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities.						
Turt	Complete if the organization answered	d "Yes" on Fori	m 990, Part l	V, line 11e d	or 11f. See l	Form 990, P	art X,
	line 25.						
1.	(a) Description of liability	(b) Book v	alue				
(1) Federal i	ncome taxes						
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 🔹 🕨						
-	uncertain tax positions. In Part XIII, provide the text		-				_
organization's	iability for uncertain tax positions under FASB ASC	740. Check here i	f the text of the f	ootnote has be	en provided in	Part XIII •••	<u></u>

Sched	ule D (Form 990) 2020 UNITED WAY OF SOUTHWEST WYOMING	83-02333	
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue p	per Return	۱.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) ••••••••••••••••••••••••••••••••••		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expense	es per Ret	urn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.) ••••••••••••••••••••••••••••••••••		
С	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
Pa	rt XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE G	Supplemen	tal Information	on Regard	ding Fund	Iraising or Gan	ning Act	ivities	OMB No. 1545-0047
(Form 990 or 990-EZ) Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the						2020		
Department of the Treasury								Open to Public
Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.							Inspection	
Name of the organization								entification number
UNITED WAY OF SOU			he organiz	vation ane	wered "Yes" on	Form 00	0 Part IV	133314 line 17
Form 990-E	0, Fait IV,							
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.								
a 🗌 Mail solicitations			_		f non-government gr	ants		
b 🗌 Internet and emai	solicitations		f 🗌 🗄	Solicitation of	f government grants			
c Phone solicitation	S		g 🗌 :	Special fundr	aising events			
d 📙 In-person solicitat	ions							
2a Did the organization	have a written or o	oral agreement w	ith any indivic	lual (including	g officers, directors,	trustees,	_	_
or key employees list	ed in Form 990, F	Part VII) or entity i	n connection	with professi	onal fundraising serv	vices?	∐ Y	′es 📙 No
b If "Yes," list the 10 high			ndraisers) pu	rsuant to agr	eements under whic	h the fund	aiser is to be	
compensated at leas	t \$5,000 by the or	ganization.						
			1		,			1
(i) Name and address	of individual			draiser have	(iv) Gross receipts		ount paid to tained by)	(vi) Amount paid to
or entity (fundra	iser)	(ii) Activity	custody or control of contributions?		from activity	· · ·	ser listed in	(or retained by) organization
			-	1		C	ol. (i)	
			Yes	No	- 1			
1								
2								
3								
3								
4								
-								
5								
6								
7								
8								
9								
10								
								<u> </u>
Tatal								
						ad it :	mant from	<u> </u>
3 List all states in which	0	s registered or lic	ensea to soli		ons or has been notif	iea it is exe	inpt from	
registration or licensin	y.							

		than \$15,000 of fundraising	event contributions and	d aross income on Form	990-E7 lines 1 and 6b	List events with
		gross receipts greater than		g. eee moonie on ronn		
		- · · •	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
anı						
Revenue	1	Gross receipts				
Я	2	Less: Contributions				
	3	Gross income (line 1 minus				
		line 2)				
		Orah mina				
	4	Cash prizes				
	5	Noncash prizes				
ses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
ect E		ů –				
Dire	8	Entertainment				
	9	Other direct expenses				
	•					
	10	Direct expense summary. Add lines				
Do	11	Net income summary. Subtract line 1				
га	n rt l i	II Gaming. Complete if the o \$15,000 on Form 990-EZ, I	-	res on Form 990, Part	iv, line 19, or reported in	nore than
0				(b) Pull tabs/instant		
Revenue						(d) Total gaming (add
Rev		4	(a) Bingo	bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		Gross rovenue	(a) Dingo		(c) Other gaming	
	1	Gross revenue	(a) Unigo		(c) Other gaming	
6	1	Gross revenue	(a) Unigo		(c) Other gaming	
inses	2	Cash prizes			(c) Other gaming	
zxpenses					(c) Other gaming	
rect Expenses	2	Cash prizes			(c) Other gaming	
Direct Expenses	2 3	Cash prizes			(c) Other gaming	
	2 3	Cash prizes		bingo/progressive bingo		
	2 3 4 5	Cash prizes	Yes %	bingo/progressive bingo	Yes %	
	2 3 4	Cash prizes		bingo/progressive bingo		
	2 3 4 5	Cash prizes	□ Yes% □ No	bingo/progressive bingo	Yes %	
	2 3 4 5 7	Cash prizes	☐ Yes % No % 2 through 5 in column (d)	bingo/progressive bingo	% % No	
	2 3 4 5 6	Cash prizes	☐ Yes % No % 2 through 5 in column (d)	bingo/progressive bingo	% % No	
	2 3 4 5 6 7 8	Cash prizes	Yes % No through 5 in column (d) act line 7 from line 1, column	bingo/progressive bingo	% % No	
Direct	2 3 4 5 6 7 8 En	Cash prizes	Yes% No 2 through 5 in column (d) act line 7 from line 1, colum on conducts gaming activit	bingo/progressive bingo	% % No	col. (a) through col. (c))
6 Direct	2 3 4 5 6 7 8 En	Cash prizes	Yes% No 2 through 5 in column (d) act line 7 from line 1, colum on conducts gaming activit	bingo/progressive bingo	□ Yes% □ No	col. (a) through col. (c))
b 6 Direct	2 3 4 5 6 7 8 En	Cash prizes	Yes% No 2 through 5 in column (d) act line 7 from line 1, colum on conducts gaming activit	bingo/progressive bingo	□ Yes% □ No	col. (a) through col. (c))
b 6 Direct	2 3 4 5 6 7 8 8 8 1 1 8	Cash prizes	Yes % No 2 through 5 in column (d) act line 7 from line 1, colum on conducts gaming activit aming activities in each of	bingo/progressive bingo Image: Second seco	□ Yes% □ No%	col. (a) through col. (c))
a e Direct	2 3 4 5 6 7 8 En 1 1 5 9 1 1 "	Cash prizes	Yes % No 2 through 5 in column (d) act line 7 from line 1, colum on conducts gaming activit aming activities in each of	bingo/progressive bingo Image: Second seco	□ Yes% □ No%	Yes . No

UNITED WAY OF SOUTHWEST WYOMING

Page 2

83-0233314

Schedule G (Form 990 or 990-EZ) 2020

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047
2020
Open to Public
Inspection
Employer identification number

83-0233314

01. Form 990 governing body review (Part VI, line 11)

UNITED WAY OF SOUTHWEST WYOMING

United Way of Southwest Wyoming makes its governing documents available to the public via

the website, Guidestar and inspection in their office.

02. Conflict of interest policy compliance (Part VI, line 12c)

Annually the code of ethics and conflict of interest policy is reviewed with the board at

a regularly scheduled meeting. In addition, the policy is reviewed with all staff during

their annual review. Each board member and staff completes a disclosure form certifying

they understand and agree with the policies and disclose any known conflicts at the time.

By signing, staff and board members agree to disclose any potential conflicts should they

arise during the subsequent year. New staff and board members who join the organization

during the year are required to complete the

disclosure form as part of their orientation.

03. CEO, executive director, top management comp (Part VI, line 15a)

The executive officers, which includes the president, vice president, and

secretary/treasurer, review market data generated by the local workforce office and the

United Way Worldwide annual national survey to determine ED Compensation. This is

presented to the entire board of directors for review. From this process, the BOD

determines compensation and a vote is taken with majority rule at a regularly scheduled

meeting. United Way of Southwest Wyoming, in order to maintain a compensation/benefit plan

that is competitive in the job market, strives to maintain a compensation/benefit plan

around midpoint of comparative survey information .

04. Other officer or key employee compensation (Part VI, line 15b

 The ED reviews market data generated by the local workforce office for each position and

 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2020)

Schedule O (Form 990 or 990-EZ) (2020)			
Name of the organization	Employer identification number		
UNITED WAY OF SOUTHWEST WYOMING	83-0233314		

reviews the United Way Worldwide annual national survey to determine key employees'

salaries. This information is presented in budget format to the board of directors. The

board then reviews and votes on the operational budget to include salaries with majority

<u>rule.</u>

05. Governing documents, etc, available to public (Part VI, line 19)

United Way of Southwest Wyoming makes its governing documents available to the public via

the website, Guidestar and inspection in their office.

Form	1562
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Depreciation and Amortization (Including Information on Listed Property)

Form	TUUL		(Includii	ng Informati	ion on	Listed Pro	operty)			2020
Depart	ment of the Treasury			Attach to	your tax	return.				Attachment
	ternal Revenue Service (99) Go to www.irs.gov/Form4562 for			v/Form4562 for	instruct	ions and the	latest inform	ation.	Sequence No. 179	
Name(s) shown on return) shown on return Business or activity to which this form relates			Identif	ying number				
UNI	TED WAY OF SO				FORM	1990 - 1			83-	0233314
Pai	t I Electior	n To Expens	e Certain Pro	operty Unde	r Secti	ion 179				
-	Note: If	you have any l	listed property,	complete Par	t V befo	re you com	olete Part I.			
1	Maximum amount	(see instructions)						1	
2	Total cost of section	n 179 property pl	laced in service (s	see instructions)					2	
3	Threshold cost of s								3	
4	Reduction in limitat	ion. Subtract line	e 3 from line 2. If z	zero or less, ent	er-0- •				4	
5	Dollar limitation for									
	separately, see inst	2					0		5	
6		(a) Description of pr				ousiness use only		Elected cost		
		(u) Decemption of pr	opony		(2) 0001(/ (0)			
7	Listed property. En	ter the amount fr	om line 29			7				
8	Total elected cost o								8	
9	Tentative deduction								9	
10	Carryover of disallo								10	
	Business income li								11	
11				•		,				
12	Section 179 expension								12	
13	Carryover of disallo					•	13			
Par	Don't use Part II o					istion (D				· · · · · · · · · · · · · · · · · · ·
	•	-	n Allowance			•		isted propert	y. See	instructions.)
14	Special depreciatio			•	• •					
	during the tax year.								14	
15	Property subject to								15	
16	Other depreciation								16	362
Pai	rt III MACRS	S Depreciati	on (Don't inc	lude listed pro	perty. S	ee instructio	ons.)			
					ction A					
17	MACRS deductions	s for assets place	ed in service in ta	ix years beginnir	ng before	2020 • • •			17	
18	If you are electing t	o group any ass	ets placed in serv	vice during the ta	ax year in	to one or mor	e general	_		
	asset accounts, ch									
	Section	n B - Assets P	Placed in Servi	ce During 20	20 Tax `	Year Using	the Genera	I Depreciation	on Sy	stem
	(a) Classification of p	property	(b) Month and year placed in service	(c) Basis for dep (business/investr only-see instrue	nent use	(d) Recovery period	(e) Convention	(f) Method	(g)	Depreciation deduction
19a	3-year property									
b	5-year property									
с	7-year property									
d	10-year property									
е	15-year property									
f	20-year property									
	25-year property					25 yrs.		S/L	1	
 h	Residential rental					27.5 yrs.	MM	S/L		
	property					27.5 yrs.	MM	S/L		
i	Nonresidential real						MM	S/L S/L		
1						39 yrs.				
	property Section C	Acceto Dia		During 2020	Tay Va	ar Haina th	MM • • • • • • • • • • • • • • • • • • •	S/L		atom
		- Assels Pla	ced in Service		Tax rea	ar Using th	e Alternativ		on Sy	stem
20a	Class life							S/L		
b	12-year					12 yrs.		S/L	 	
C	30-year					30 yrs.	MM	S/L		
	40-year					40 yrs.	MM	S/L		
Pai	rt IV Summa	ary (See instr	ructions.)							
21	Listed property. Er	nter amount from	line 28 • • •						21	
22	Total. Add amount	s from line 12, lir	nes 14 through 17	, lines 19 and 20	0 in colur	nn (g), and lin	e 21. Enter			
	here and on the ap								22	362
23	For assets shown a		-							
	portion of the basis	attributable to e	action 262A costs				22			

OMB No. 1545-0172

Form	8868
(Rev. Ja	nuary 2020)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (*e-file*). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see instructions.	Taxpayer identification number (TIN)			
print	UNITED WAY OF SOUTHWEST WYOMING	83-0233314			
File by the	Number, street, and room or suite no. If a P.O. box, see instructions.				
due date for	510 SOUTH MAIN STREET				
filing your return. See	City, town or post office, state, and ZIP code. For a foreign address, see instructions.				
instructions.	ROCK SPRINGS WY 82901				

Enter the Return Code for the return that this application is for (file a separate application for each return)	1

Application	Return	Application	Return
Is For	Code	Is For	Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

● The books are in the care of ▶ KELLY FRINK, 510 SOUTH MAIN STREET ROCK SPRINGS WY 82901

Te	elephone No. > 307-362-5003 FAX No. >		
• If	the organization does not have an office or place of business in the United States, check this box		ト
• If	this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If	this is	
for th	e whole group, check this box 🛛	ch	
a list	with the names and TINs of all members the extension is for.		
1	I request an automatic 6-month extension of time until 05-16 , 20 22 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: □ calendar year 20		
3a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less		
	any nonrefundable credits. See instructions.	3a	\$
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and		
	estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
С	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by		
	using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$
Caut	ion: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form	8879-E	O for payment
instru	uctions.		
For I	Privacy Act and Paperwork Reduction Act Notice, see instructions.	Forr	m 8868 (Rev. 1-2020)

EEA

Form 8879-EC	C
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Department of the Treasury

Internal Revenue Service

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2020, or fiscal year beginning 07-01-2020 , and ending 06-30-2021

Do not send to the IRS. Keep for your records.

▶ Go to www.irs.gov/Form8879EO for the latest information.

2020

Name of exempt organization or person subject to tax									
UNITED	WAY	OF	SOUTHWEST	WYOMING					

6a Form 990-T check here ►

83-0233314

Taxpayer identification number

Name and title of officer or person subject to tax	
--	--

GAYLEN GEORGE, TREASURER **Part I** Type of Return and Return Information (Whole Dollars Only)

Ch	eck the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you
che	eck the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a, below, and the amount on that line for the return being filed with this form was
bla	ank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the
retu	urn, then enter -0- on the applicable line below. Do not complete more than one line in Part I.
1a	Form 990 check here 🕨 🗌 b Total revenue, if any (Form 990, Part VIII, column (A), line 12)
2a	Form 990-EZ check here 🕨 🗌 b Total revenue, if any (Form 990-EZ, line 9)
3a	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b
5a	Form 8868 check here 🕨 🗴 🛛 b Balance due (Form 8868, line 3c)

6a Form 990-T check here ► b Total tax (Form 990-T, Part III, line 4)
7a Form 4720 check here F b Total tax (Form 4720, Part III, line 1)
Part II Declaration and Signature Authorization of Officer or Person Subject to Tax
Under penalties of perjury, I declare that 🛛 I am an officer of the above organization or 🔲 I am a person subject to tax with respect to
(name of organization) , (EIN) and that I have examined a copy
of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are
true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return.
I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and
to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in
processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial
Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation
software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke

a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

x	lauthorize Cloud Peak Accounting	to enter my PIN 54321 as my signature
	ERO firm name	Enter five numbers, but do not enter all zeros
	on the tax year 2020 electronically filed return. If I have indicated state agency(ies) regulating charities as part of the IRS Fed/State PIN on the return's disclosure consent screen.	I within this return that a copy of the return is being filed with a e program, I also authorize the aforementioned ERO to enter my
	As an officer or person subject to tax with respect to the organiza electronically filed return. If I have indicated within this return that regulating charities as part of the IRS Fed/State program, I will en	t a copy of the return is being filed with a state agency(ies)
	of officer or person subject to tax	Date ► 11-15-2021
Part	III Certification and Authentication	
ERO's	EFIN/PIN. Enter your six-digit electronic filing identification	
number	(EFIN) followed by your five-digit self-selected PIN.	830928 93063
		Do not enter all zeros
I certify	that the above numeric entry is my PIN, which is my signature on	the 2020 electronically filed return indicated above. I confirm
that I an	n submitting this return in accordance with the requirements of Pu	Ib. 4163, Modernized e-File (MeF) Information for Authorized
IRS e-fi	ile Providers for Business Returns.	
ERO's sig	inature	Date ► 02-11-2022
		nis Form - See Instructions the IRS Unless Requested To Do So

		Overfl	ow Stateme	nt		2020 Page 1
me(s) as shown on return			a			FEIN
NITED WAY	OF SOUTHW	EST WYOMIN	G			83-023331
FORM	990, PART	'IX, LINE	24E OTHER	EXPENSES	PROGRAM	M SERVICES
escription	a					Amount
<u>OSTAGE ANI</u>	<u>SHIPPING</u>	·				Amount \$ 1,4 \$1,4
					Total:	\$1,4
FORM	990, PART	IX, LINE	24E OTHER	EXPENSES	MGMT AI	ND GENERAL
escription	<u>n</u>					Amount
<u>OSTAGE ANI</u>	<u>) SHIPPING</u>	·				\$3
					Total:	\$32
		RT IX, LIN				Amount \$ 1,43 \$1,43
USIAGE ANI	<u>J SHIPPING</u>	·			Total·	<u>♀⊥,4.</u> ¢ 14

Form 990 Worksheet	Schedule A, Line 5 - Excess 2% Limitation Contributors								
Vorkslieet	(Keep for your records)								
Name(s) as shown on return						Tax ID Number			
UNITED WAY OF SOUTHWEST WYOMING	;					83-0233314	4		
2% of the amount on Schedule A, Part II, line 11, colu	ımn (f) ۰۰۰۰۰۰						128,430		
% of the amount on Schedule A, Part II, line 11, colu	umn (f) • • • • • • • • • • • • • • • • • • •	(b)	(c)	(d)	(e)	(f)	(g)		
% of the amount on Schedule A, Part II, line 11, coli		i	1	1			<u>.</u>		
Name	(a)	(b)	(c)	(d)	(e)	(f)	(g) Excess contributions (col. (f) minus the 2% limitation)		
2% of the amount on Schedule A, Part II, line 11, colu Name CINER RESOURCES CORPORATION PACIFICORP	(a)	(b)	(C) 2018	(d) 2019	(e) 2020	(f) Total	(g) Excess contributions (col. (f) minus the 2% limitation)		

TOTAL

156,016

	n is included in UBIA action 199A calculations.					Depre	ciation Deta Program Servi	-						2020 PAGE 1	
See "	UBIA" in lower right corner.					1	For your records	only							
ame(s) as shown on return						-	-				Social sec	curity number/Ell	1	
U	NITED WAY OF SOUTHWES	T WYOMIN	G									83	8-0233314		
lo.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
1	Condo	11011986	4,900		100.00			4,900	30		0	4,900		4,900	
2	File Cabinet	11012000	797		100.00			797	7		0	797		797	
3	Shredder	06012002	794		100.00			794	7		0	794		794	
4	Office Furniture	03092004	1,249		100.00			1,249	7		0	1,249		1,249	
5	Speaker Platform	06282004	2,845		100.00			2,845	7		0	2,845		2,845	
6	Printer	06232006	899		100.00			899	7		0	899		899	
7	Signs	06232006	620		100.00			620	7		0	620		620	
8	Office Furniture	02082001	1,875		100.00			1,875	7		0	1,875		1,875	
9	Office Furniture	02282008	2,982		100.00			2,982	7		0	2,982		2,982	
10	ES148 Telephone Syste	05112009	508		100.00			508	7		0	508		508	
11	Office Furniture	06262009	1,528		100.00			1,528	7		0	1,528		1,528	
12	Office Furniture	11242009	2,218		100.00			2,218	7		0	2,218		2,218	
13	Server	08252010	6,084		100.00			6,084	7		0	6,084		6,084	
14	Ploycon Speaker Phone	03272012	560		100.00			560	7		0	560		560	
15	Superior Platform	12172012	601		100.00			601	7		0	601		601	
16	Optplex Computers	05012013	2,980		100.00			2,980	7		0	2,980		2,980	
17	Dell Lattitude Laptor	10012013	784		100.00			784	7	SL HY	14.286	784		784	
	Totals Land Amount		34,761					34,761		79 and CY BC	onus	32,405	362	32,767 ST ADJ:	3

			S Depreciation V Keep for your records)			20	20	
Name(s) as ahown on return Tax ID Number								
NITE	D WAY OF	83-	83-0233314					
orm	Multi-Form	Description	Date	Basis	Method	Life	Deduction	
RG	1	Condo	11-01-1986	4,900		30		
RG	1	File Cabinet	11-01-2000	797		7		
RG	1	Shredder	06-01-2002	794		7		
RG	1	Office Furniture	03-09-2004			7		
RG	1	Speaker Platform	06-28-2004	2,845		7		
RG	1	Printer	06-23-2006	899		7		
RG RG	1	Signs Office Furniture	06-23-2006			7 7		
RG RG		Office Furniture Office Furniture	02-08-2001 02-28-2008	1,875 2,982		7		
RG	1	ES148 Telephone System	05-11-2009	508		7		
RG RG		Office Furniture	06-26-2009	1,528		7		
RG	1	Office Furniture	11-24-2009	2,218		7		
RG	1	Server	08-25-2010	6,084		7		
RG	1	Ploycon Speaker Phone	03-27-2012	560		7		
RG	1	Superior Platform	12-17-2012			7		
RG	1	Optplex Computers	05-01-2013			7		
RG	1	Dell Lattitude Laptop	10-01-2013	784		7		
RG	1	Dell Vostro DT Computer	11-04-2019	2,537		7	362	
-				_,,				
		TOTAL					362	
	1			1	1	1	1	

FOR TAX YEAR 2020

UNITED WAY OF SOUTHWEST WYOMING

Cloud Peak Accounting 293 S Main Street Buffalo, WY 82834 (307)684-5519